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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>November 7, 2003</p> <p>Signature <u><i>Christine Donahue</i></u></p> <p>Typed or printed name <u>Christine Donahue</u></p>		<p>2242P008 <b>RECEIVED</b> NOV 14 2003 Technology Center 2100</p>
In re Application of <b>Jean-Didier Allegrucci, et al.</b>		
Application Number <b>09/746,815</b>	Filed <b>12/12/2000</b>	
For <b>MULTIPLE MEMORY ALIASING FOR A</b>		
Art Unit <b>2187</b>	Examiner <b>Brian R. Peugh</b>	
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$330.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <b>11/12/2003 501RETA1 00000036 09746815</b> <b>02 FC:1401 330.00 03</b></p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u>. I have enclosed a duplicate copy of the fee transmittal.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p><u><i>Tom Van Zandt</i></u> Signature <b>Tom Van Zandt, Reg. No. 43,219</b> Typed or printed name <b>11/07/03</b> Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>		